Source Water Treatment Recommendation

Option 2				Date:	
Facility No	Na	ame:			
Contact Perso	on:		Phone No. ()	
Population Se	erved:				
Part I					
	point (or treatment applica eriod and attach the results Entry Point (TAP) Descr	of any of			
No Tr	endation is (check one): eatment. I understand tha and 0.200 mg/l for copper.		imum permissib	le level for mo	nitoring will be 0.005
		<u>O1</u>	<u>R</u>		
I recon	nmend this type of treatment mended Maximum Permis	nt sible Lev	rels mg/l	for lead &	mg/l for copper.

OVER

The reason for this recommendation is:	
Attach additional pages as necessary (including all substantiate this recommendation).	supporting studies, data, treatment specifications, etc. that
Signature of Official Custodian	Date:

This Agency is authorized to require this information under Illinois Revised Statutes, 1987, Chapter $111\,1/2$, Section 1004(H). Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 for each day the failure continues, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center

IL 532-2194 PWS 235 Rvsd Dec-96